

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # 377087

1. Entity Name
HELEN CABRERA, INC.



Principal Place of Business

**5110 N. ARMENIA
TAMPA, FL 33603**

Mailing Address

**5110 N. ARMENIA
TAMPA, FL 33603**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1358586

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, HELEN
5110 N. ARMENIA AVE.
TAMPA, FL 33603**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000675513
03/30/07-80022-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABRERA, HELEN
STREET ADDRESS	14898 N. ROME AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	TURNER, LUCILLE
STREET ADDRESS	2704 CLARK RD.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	CABRERA, MARIO
STREET ADDRESS	14898 N. AROME AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: *Helen Cabrera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

Daytime Phone #